

# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N97000005537

FILED  
May 31, 2005  
Secretary of State

Entity Name: OPERATION HOPE, INC.

## Current Principal Place of Business:

1253 10TH ST  
LAKE PARK, FL 33403

## New Principal Place of Business:

2100 45TH ST.  
#A4  
WEST PALM BEACH, FL 33407

## Current Mailing Address:

1253 10TH ST.  
LAKE PARK, FL 33403

## New Mailing Address:

2100 45TH ST.  
#A4  
WEST PALM BEACH, FL 33407

FEI Number: 65-0171969      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired (X)  
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

## Name and Address of Current Registered Agent:

BOWERS, KENNETH L  
5183 PAT PL.  
WEST PALM BEACH, FL 33407      US

## Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

## OFFICERS AND DIRECTORS:

Title: PD ( ) Delete  
Name: BURNEY, GERTRUDE  
Address: 547 W. THIRD ST.  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: SD ( ) Delete  
Name: BRYAN, PAULA  
Address: 2510 10TH AVE. N. #204F  
City-St-Zip: LAKE WORTH, FL 33461

Title: TD ( ) Delete  
Name: BRADLEY, CYRILLA  
Address: 2150 N.W. 82 WAY  
City-St-Zip: SUNRISE, FL 33322

Title: VPD ( ) Delete  
Name: REESE, FRANK  
Address: 1431 13TH STREET  
City-St-Zip: WEST PALM BEACH, FL 33407

Title: D ( ) Delete  
Name: RUSSELL, MATTHEW ESQ.  
Address: 600 W. BLUE HERON BLVD.  
City-St-Zip: RIVIERA BEACH, FL 33404

Title: D ( ) Delete  
Name: BROOKS, JACQUELINE DR.  
Address: 5501 MADISON ST.  
City-St-Zip: RIVIERA BEACH, FL 33404

## ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: SD (X) Change ( ) Addition  
Name: BRYAN, PAULA  
Address: 8820 N.W. 183RD TER  
City-St-Zip: PALMETTO BAY, FL 33157

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RENE' B. BOWERS

MS.

05/31/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date